

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-024059

STATE FILE NUMBER

Registration District No. **251**

Primary Registration District No. **3048**

Registrar's No. **168**

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0745

0745

3

4 **0**

5 **2**

6

7 **0**

8 **2**

99040

10 **21**

11 **074**

12 **2-0**

13 **1-0**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|--|--|------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Nodaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville | | c. CITY OR TOWN Maryville | |
| Length of stay in lb 7 weeks | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital | | d. STREET ADDRESS (If outside, give location) 817 So. Fillmore | |
| 3. NAME OF DECEASED (Type or print) First ALVA Middle J. Last COX | | 4. DATE OF DEATH Month 6 Day 18 Year 62 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3/14/75 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auctioneer & Real Estate | | 10b. KIND OF BUSINESS OR INDUSTRY Self-employed | |
| 11. BIRTHPLACE (City and state or country) Nodaway Co., Mo. | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME William Y. Cox | | 13b. MOTHER'S MAIDEN NAME Martha Rebecca Jones | |
| 14. NAME OF HUSBAND OR WIFE Musa V. Grimes Cox | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | |
| 16. SOCIAL SECURITY NO. [REDACTED] | | 17. INFORMANT Mrs. F. L. Lisbona, Maitland, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fractured ribs DUE TO (c) [REDACTED] | | INTERVAL BETWEEN ONSET AND DEATH 2 days 2 months | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | | 20f. CITY, TOWN, OR LOCATION Maryville | |
| 21. I attended the deceased from 6-2-62 to 6/18/62 and last saw him alive on 6-18-62 | | 21. I attended the deceased from 6-2-62 to 6/18/62 and last saw him alive on 6-18-62 | |
| 22a. SIGNATURE [Signature] (Day or title) M. D. | | 22b. ADDRESS Maryville, Missouri | |
| 22c. DATE SIGNED 6/19/62 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | |
| 23b. DATE 6/20/62 | | 23c. NAME OF CEMETERY OR CREMATORY Miriam | |
| 23d. LOCATION (City, town, or county) Maryville, Missouri | | 24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo. | |
| 25. DATE RECD. BY LOCAL REG. 6-19-62 | | 26. REGISTRAR'S SIGNATURE Beas 16ult | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 5188

P. O. Address Springville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.